



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW LAGRANGE HOSPITAL

City of Hospital: LaGrange

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Beau Bradtmiller

Email Address: beau.bradtmiller@parkview.com

Medicare Provider Number: 15-1323

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$22346338
Outpatient Patient Service Revenue	\$92997178
Total Gross Patient Service Revenue	\$115343516

2. Deductions From Revenue

Contractual Allowance	\$69663990
Other Deductions	\$1973753
Total Deductions	\$71637743

3. Total Operating Revenue

Net Patient Service Revenue	\$43705773
Other Operating Revenue	\$1329472
Total Operating Revenue	\$45035245

4. Operating Expenses

Salaries and Wages	\$10476537	Employee Benefits	\$3273930
Depreciation and Amortization	\$1631917	Interest Expense	\$376280

Bad Debt	\$4961587	Other Expenses	\$21841476
Total Operating Expenses	\$42561727		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2473518	Total Assets	\$22997341
Net Non-operating Gains over Loss	\$-12959	Total Liabilities	\$25447429
Total Net Gains	\$2460559		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$42253289	\$29531902	\$12721387
Medicaid	\$15391046	\$12573885	\$2817161
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$57699181	\$29531956	\$28167225
Total	\$115343516	\$71637743	\$43705773

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$41292	\$-41292

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$2625	\$46827	\$-44202

Number of Medical Professionals Trained	273
Number of Hospital Patients Educated	15746
Number of Citizens Exposed to Health Education Messages	17070

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$594386	
HCI Payments	\$0		
Subtotal	\$0	\$594386	\$-594386
Medicaid Shortfalls	\$1365392	\$3235237	
Subtotal	\$1365392	\$3829623	\$-2464231
DSH Payments	\$0		
Subtotal	\$1365392	\$3829623	\$-2464231
Medicare Shortfalls	\$7772997	\$7442415	
Other Government Programs	\$1397135	\$2708547	
Total	\$10535524	\$13980585	\$-3445061

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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